MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/019769 CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IŅD. IND. DEP. IND. DEP. DEP. IND. DEP. IND DEP. 22 23 24 72. 2 2 20 3 22 33 31 35 36 39 40 /3 TOTAL TOTAL DEP. TOTAL CLAIMS CONT. WE * THE WALL OF THE STATE OF THE

V. DEVANTMENT & COMMENCE